

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
<b>RCE Fee 1.17(e):</b>					
Total Claims:	25	-	34 = 0	x \$50.00 =	\$790.00 = \$790.00
Independents	3	-	3 = 0	x \$200.00 =	\$0.00 = \$0.00
			First presentation of any Multiple Dependent Claims: + \$360.00 =		\$0.00 = \$0.00
				CLAIMS FEE TOTAL: =	\$790.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ]	Extension for response filed within the first month:	\$120.00	0	\$0.00
[ X ]	Extension for response filed within the second month:	\$450.00		\$450.00
[ ]	Extension for response filed within the third month:	\$1,020.00		\$0.00
[ ]	Extension for response filed within the fourth month:	\$1,590.00		\$0.00
[ ]	Extension for response filed within the fifth month:	\$2,160.00		\$0.00
		EXTENSION FEE SUBTOTAL:		\$450.00
		EXTENSION FEE ALREADY PAID:		\$0.00
		EXTENSION FEE TOTAL		\$450.00
		CLAIMS AND EXTENSION FEE TOTAL:		\$1240.00
[ ]	Small Entity Fees Apply (subtract ½ of above):			\$0.00
[ ]	Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
		TOTAL FEE:		\$1240.00

[ ] Please charge Deposit Account No. 19-0741 in the amount of \$1240.00. A duplicate copy of this transmittal is enclosed.

[ X ] A check in the amount of \$1240.00 to cover the filing fee is enclosed.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 28, 2004

By Phillip J. Articola

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